


**CONSENT FORM**

1. I consent to make a claim under the Fair Labor Standards Act, 29 U.S.C. § 201, *et seq.* against my current/former employer, United Healthcare Service Inc. to secure any relief that may be awarded, including overtime pay, liquidated damages, attorneys' fees, costs and other relief arising out of my employment with United Healthcare Service Inc.
2. During the past three (3) years, there were occasions when I worked more than forty (40) hours in a week for United Healthcare Service Inc., and I did not receive proper overtime compensation for those hours.
3. I authorize Shulman Kessler LLP to represent me in this case.

Date: 9/17/2012

  
\_\_\_\_\_  
Signature  
Fiordalisa Martinez  
Print Name